

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, MARCH 18, 1876.

ORIGINAL LECTURES.

TWO CLINICAL LECTURES ON CEREBRAL SYPHILIS.

BY PROF. H. C. WOOD.

Delivered at the University Hospital.

LECTURE II.—PROGNOSIS AND TREATMENT.

GENTLEMEN,—In my last lecture the subject of cerebral syphilis was studied from a diagnostic point of view; to-day I shall direct your attention chiefly to the prognosis and treatment of the malady. To be able to give a correct idea of the future of any individual case of disease, it is necessary to have a knowledge of the usual course of the affection. Cerebral syphilis is for the most part a chronic disorder, which, when left to itself, eventuates almost without exception in death, but which, when properly treated, usually yields rapidly to remedies. The prospect of success in any case depends, of course, very largely upon the stage at which it is first seen; but it is remarkable how much of serious organic destruction assisted nature will often restore. Headaches the most violent and persistent will fade away, paralysis complete and extensive will disappear, mental failures and aberrations of most marked type will yield, and the wreck of a man be restored to the full glories of American citizenship. Still, there are patients in whom the greatest skill fails; and the important question is, can we distinguish the tractable from the intractable cases? Not always can this be done, but the general experience certainly warrants the clinical rule,—always give a very guarded prognosis where the symptoms of cerebral syphilis are coincident with those of syphilitic cachexia. When cachexia does not exist, a bright future should be predicted, unless there is evidence of total destruction of important portions of the cerebral centres.

Experience has, however, taught me that a favorable prognosis should not be made with absoluteness, on account of the danger of some of the symptoms or accidents of the disease, and on account of the occasional occurrence of grave and even fatal acute exacerbations. I remember a case of cerebral syphilis seen in consultation, in

which one of the most notable symptoms was epilepsy. I stated unhesitatingly that the patient would get well, and was seemingly justified by the rapid progress of the case towards health, until one day this progress was unfortunately impeded by an epileptic spasm, in which, the suspension of respiration lasting a moment too long, asphyxia occurred. After death we found small gummata in the pia mater at the base of the brain, and also in the velum interpositum, with inflammation and softening of the pons in the neighborhood of one of the tumors. The influence which acute exacerbations exert upon the prognosis, and the still greater influence they have upon the treatment, justify their consideration here in some detail. Nervous syphilis is, as I have already stated, essentially a chronic disorder, and yet it may at any time take upon itself a most acute type. Some of you may remember a man suffering from partial aphasia, violent headaches, failure of memory, etc., who presented himself on a Monday last spring at our clinic. The history of syphilis was distinct, and the diagnosis, so far as cerebral syphilis was concerned, was plain. The same night the unfortunate patient was seized at home with a violent convulsion. A neighboring practitioner was called in, and, notwithstanding the past history, the present unconsciousness, the wild delirium, with screaming that echoed through the house and fighting that it took three men to control, diagnosed strychnia-poisoning, and told the friends that no doubt the doctors at the hospital had meant well, but that they had overestimated the patient's strength, and had given a dose of strychnia which was too large for him in his weak condition. The strychnia-poison treatment was earnestly kept up until the next Friday, when the medical man in charge, beginning to suspect that something was awry, despatched a note to me, stating that he had a patient of mine suffering from symptoms of strychnia-poisoning. It was of course too late for treatment to be of any avail, and the autopsy showed, what was almost equally evident during life, that the cause of death was an acute meningitis grafted upon a chronic syphilitic inflammation of the cerebral membranes.

Not only may an acute attack supervene upon a chronic cerebral syphilis, but the

disease may in its outset be of the most acute character. Perhaps, however, in this statement I am going a little too far. It may be that a gummata has in these cases been lying concealed. Whether this is or is not the case I have no evidence to decide, but certainly so far as symptoms are concerned the attack may be most sudden and acute. Some years since, I saw, in consultation with Dr. Fricke, a case of this character, which I shall narrate directly, as it portrays not only the occasional acute character of the disorder but also the proper method of treatment in such cases.

What, then, ought to be the treatment of an acute cerebral syphilis? Very much that of an acute, non-specific cerebral attack of similar type. If there be a violent epilepsy, with the epileptic status, nitrite of amyl, anæsthetics, antispasmodics, and other usual remedies should be employed. If the pulse, the fever, the *tout ensemble* of symptoms, indicate intense cerebral congestion, or cerebritis, free venesection should be used. In any case of doubt, you should remember that it is far safer to bleed in specific epilepsy than in a threatening similar attack of non-specific character, because in the latter case there is little hope of removing the cause, whilst in the syphilitic patient there is every reason to believe that, if time be gained, remedies will remove the disorder. Violent specific meningitis should receive the same treatment as the non-specific disorder: bleeding, local and general, blistering, and mercury. In the previously mentioned case of acute meningitis supervening upon the chronic disease, the man should have been bled at once, *ad deliquium*. If he had been set up in bed, a large orifice made, and the blood allowed to pour forth until syncope came on, very probably to-day he would have been alive, and a well man.

In Dr. Fricke's case, the man, who believed himself to be in perfect health, felt very wretched and heavy one afternoon whilst out attending to business, and, returning home, sat down in his shop. He soon became semi-unconscious, and was helped up-stairs to bed, and directly afterwards was seized with severe convulsions and delirium. A homœopathic practitioner was sent for, and a couple of hours later, the convulsions becoming more and more violent, Dr. Fricke was summoned. He found the patient raving, and furiously convulsed with both tetanic and clonic

spasms. At first he employed the classic remedies of a mild character, such as assa-fœtida clysters, counter-irritation, etc.; but the mustard-plasters were kicked across the room, and doctor and syringe-pipe followed them with remarkable promptness. All the remedies simply redoubled the violence and frequency of the paroxysms; their application was the signal for a furious outburst; the least touch produced frightful contortions and spasms. Then the lancet was used, and when a quart of blood had flowed, quiet had been restored, and even the cheek of the bleeder began to blanch, but Dr. Fricke, with finger upon the pulse, ordered him to continue. When half a pint more had been taken, the pulse began to fail very markedly, and the arm was bandaged.

After an hour or so, twitchings of the muscles and other symptoms indicative of a recurrence of the convulsions coming on, about a pint more of blood was taken from the temples by cupping, and the patient became as quiet and relaxed as a sleeping infant. The next day he awoke, weak, but free from pain and out of present danger. The subsequent history of the case revealed the nature of the attack, and when once the specific character was suspected, and the appropriate remedies employed, a gradual restoration to health was effected.

The treatment of chronic cerebral syphilis is essentially a simple one. It has been considered to consist simply in the free exhibition of iodide of potassium, and in the majority of instances this is true. In giving the iodide it should be remembered that syphilitic patients bear it in enormous doses; that in many cases it seems to be both food and drink to them, the nourisher of physical well-being and moral restoration; that often, like the bromide in epilepsy, it is necessary for the patient to take it persistently for months and even years,—even long after the disappearance of all symptoms. After trials of various methods, it seems to me that its exhibition in simple water or in infusion of chamomile affords the best method of giving it. Compound syrup of sarsaparilla certainly covers its taste better than anything I have tried, but is apt to sicken the stomach. In regard to the dose, there is rarely any use in giving less than a drachm a day, and frequently a drachm and a half, and even two or three drachms, are well borne. My rule is to commence with fifteen grains four times a day, and rapidly increase the dose until

symptoms of iodism are induced, or a daily amount of at least two drachms reached.

I wish here to call your attention to the use of mercury in the disorder. I am convinced that it has come to be too much the custom to rely upon the iodide. When there is no cachexia, and therefore no contra-indication to mercury, it acts more quickly, and even more effectually, than the iodide, and in many cases the only objection to its use is prejudice.

I have seen a syphilitic epilepsy which had resisted the most heroic doses of the iodide disappear like magic before a mild ptyalism. I usually employ the blue mass properly guarded with opium as one of the mildest, and at the same time most efficient, of the preparations; but it does not make much difference which form is selected; only remember this: Give the mercury boldly and persistently until ptyalism is induced, but give it cautiously; watch the mouth, and the moment the gums become the least sore, reduce the dose, but do not withdraw the remedy altogether: keep the mouth a little sore for some days or weeks, as may be necessary.

In regard to the use of counter-irritants, I have not employed them to any extent in chronic cerebral syphilis. They may be of value, especially in cases of meningitis, but they are very annoying, and in most cases you can get along without them.

ORIGINAL COMMUNICATIONS.

INTRA-UTERINE PESSARIES.

Read before the Philadelphia County Medical Society, December 8, 1875.

BY DR. J. CHESTON MORRIS.

MR. PRESIDENT AND GENTLEMEN,—I have not a new subject to bring before you this evening; for ever since civilization has altered the natural condition of the human being and increased strain has thus been placed upon the organs of the body, displacements of the womb and means for their relief have occupied the attention of medical men. Traces of their knowledge of the subject may be found scattered through the writings of the ancient masters of our art which prove an extensive acquaintance with them. And mechanical means for the alleviation of the sufferings and inconveniences attendant upon displacements and flexions have been

probably resorted to from time immemorial,—not that any *perfect* means have ever yet or probably ever will be devised. But we might as well discard splints in the treatment of fractures as pessaries in the management of uterine disease. The same arguments may be applied against the one as are against the other.

By pessaries, however, in this country we generally understand mechanical supports placed in the vagina only. I propose calling your attention to-night to such as may be introduced into the cavity of the uterus itself,—instruments which many, even of those who advocate the vaginal ones, consider too dangerous or useless. Even our revered teacher, the late Prof. Hodge, whom we may well be proud to follow, though necessarily *longo intervallo*, did not hesitate to condemn their use, though admitting that there might be cases which required and could tolerate them. Sir James Y. Simpson, of Edinburgh, in a communication to the *Dublin Quarterly Journal*, May, 1848, described three forms of intra-uterine pessaries and their mode of employment. Of these, the first and third have been much employed and variously modified. The first consists simply of a metallic stem two and one-third inches in length, with a metallic disk to prevent its penetrating too deeply into the uterus so as to touch the fundus. The second consists of a stem fitted on an oval ring which rests in the vagina. The third, of a stem with disk similar to the first, with a curved metallic tube to pass through the vagina; into the latter is fitted a metallic tongue, fastened to a wire frame, which is adapted over the pubes and abdomen after the utero-vaginal portion has been introduced. This is a very valuable instrument, allowing, as it does when properly fitted, considerable mobility of the uterus within physiological limits. I exhibited to this Society (in 1861, I think) a modification or simplification of it, made by bending an ordinary flexible urethral sound into a shape resembling the letter U, one leg being rather longer than the other, and slipping a movable metal bulb on the shorter leg; this bulb should be placed so as to prevent the intra-uterine portion from penetrating the uterus too far, and the instrument bent so that the curve shall follow the curve of the vagina; after its introduction, the longer leg can be bent sharply down over the pubes and abdomen.

But all *external* supports to the intra-uterine pessary are liable to produce some irritation of the vulva, etc., or to annoy by being caught in the clothing or pressed upon. Various devices, therefore, have been resorted to—of which I here show you some specimens—to retain the uterine stem in position by a vaginal support. Here is one with the disk expanded into hinged wings. I think it would be liable to tilt over, uterus and all, in a case of retroversion, with a roomy pelvis. Here is one with an erectile stem maintained by two delicate bands of india-rubber on a bow-like vaginal pessary. And here is another, meant to key into a padlock-shaped hard-rubber vaginal pessary. I think these are all inferior to Simpson's first instrument supported by a Hodge's double lever of sufficient length to carry the cervix well back. In this state of slight anteversion the stem is supported by the posterior vaginal wall. In treating a case lately, in which I had succeeded two years ago in elevating and maintaining a very large and heavy fundus in position, I found I was obliged to change the point of pressure, owing to a slight degree of ulceration in the posterior vaginal pouch. I bent a Hodge's double lever forward so as to pass anterior to the cervix, and then placed a bar across the pessary just above the angle thus formed in the long sides; the intra-uterine stem thus rests as on a shelf. I have since seen an adaptation by Dr. Thomas of his pessary for anteversion, on a similar principle.

The material of which the intra-uterine stem is composed has also been variously modified. Here is one of glass, with a hard-rubber disk, of English make; here is a similar one which I have had constructed by Mr. Gemrig; here is another in which both stem and disk are of hard rubber; and here are several more made partly of zinc and partly of copper, so as to give a gentle but constant primary galvanic current.

There are quite a number and variety of cases in the treatment of which I have derived great advantage from the employment of stem-pessaries; some, indeed, have been relieved which I should have despaired of affording relief to in any other manner. They are especially indicated in single women in cases of retroversion and retroflexion, while in anteversion they form almost the only resource. In many cases of chronic

endometritis, engorgement, subinvolution, and intra-mural fibroids, those which exert a galvanic influence will often cause rapid and permanent improvement or cure. They cause resolution of the chronic inflammation by giving rise to free muco-purulent discharge from the internal surface of the uterus. They should be employed with great care, however, and withdrawn if they give rise to pain, profuse bleeding, or inflammation. But when properly adapted and watched until tolerance is established, they are no more dangerous than vaginal pessaries. My rule is to ascertain first the exact length of the uterine cavity, and then to employ a stem one-fourth to three-eighths of an inch shorter than the length so ascertained. It must be remembered that the uterus is a hollow muscle, and this much must be allowed to prevent the point from pressing on the fundus. The uterus rests by its cervical extremity on the disk. Nor must the stem be too short, or in flexions the body will tend to double over, and thus become inflamed, or uterine contractions will expel it. The patient should generally be kept in bed or at rest for a few days, until tolerance is established. She should also be warned that a slight bloody flow will probably ensue or the catamenial period be hastened. I have not seen any severe hemorrhage follow, though I have been using them for more than fifteen years. In some very irritable wombs metritis may ensue, which, however, generally subsides readily on the withdrawal of the instrument and employment of usual treatment. But these cases are the exceptions; and I have, on the contrary, been sometimes astonished at the small amount of disturbance produced by them. I have had two opportunities of inspecting, *post mortem*, wombs which I had treated with stem-pessaries. The first was that of a lady, the wife of a physician, who had suffered for years with retroflexion and cardiac disease. I placed a glass stem-pessary in the uterus, greatly to her relief. About six weeks after, she died very suddenly, with symptoms of cerebral apoplexy. At the examination which was made, the head was not permitted to be opened, but vegetations were found on the mitral and aortic valves which probably explained her death by embolism. The uterus was found free from irritation, lined with translucent mucus. On removing the stem from its interior, it resumed its flexion.

The other instance was that of a woman with abdominal dropsy from advanced Bright's disease, who had several large fibroids in the uterine walls. I had given her a galvanic stem in the hope that it might induce a softening down of these masses. And so, in fact, it had in one of them which was crossed by the stem. Some ulceration was also produced in its track.

In conclusion, I would strongly recommend the employment more extensively of this mode of treatment in such cases as I have above indicated its adaptedness to. I may also mention that it has proved useful in several cases of self-abuse. I think a fair trial, with proper prudence, and following the rule above given as to the length of the stem, will give satisfaction in a number of otherwise very hopeless cases.

DAMIANA AS AN APHRODISIAC.

BY HARVEY L. BYRD, M.D.,

Baltimore, Md.

WE are told to prove all things, and hold fast to that which is good; and it is quite as safe conduct in medicine as in anything else. It is well known to practitioners generally that the tendency of the professional mind is to embrace and use new remedies, and in many cases to the exclusion of old and tried ones, or those that have proven their efficacy in arresting disease in many hardly-contested conflicts; and in some cases to thrust aside the old and reliable for the new-comer, simply because it is fashionable to do so. But all are aware, who have been in practice for a decade or two, that our shores are strewn with the wrecks of new remedies; and a comparatively small number remain as certain and reliable, after strutting their hour upon the stage of professional experience for half a dozen years. After a third of a century passed in active practice and in witnessing the rise and fall of new remedies, it requires some degree of temerity to step forth as a decided champion and advocate of the claims of a new candidate for professional favor, particularly in a field where—candor requires it should be said—there is scarcely a single reliable article in the entire class of aphrodisiacs. I have been an attentive reader of what has appeared in our periodical literature in regard to the action of *damiana*, and have used it in the past year in several

cases well calculated to test its efficacy as a restorer of weakened or impaired sexual powers, and, am free to confess, have been gratified with the result.

My experience is decidedly in favor of its aphrodisiac properties in both sexes, where the impotence depends upon debility rather than organic lesion. In the latter case, it would not be expected to render any important service until such obstacle should be removed. But in all cases where the generative organs and their appendages are impaired only in tone, its action has proven in my hands of the highest value, and I hazard nothing in asserting that with the usual adjuvants in such cases, as bathing, rest, diet, etc., it will be found to act with as much certainty, in debility of the sexual organs, as an aphrodisiac, as quinia does as an antiperiodic. I am aware this is strong endorsement of its properties, but truth compels its utterance.

In some cases general supporting treatment was recommended after the establishment of the virile powers, in the male, by *damiana*, such as bitter vegetable tonics and iron, just as I sometimes do after intermittents have been cured or arrested by quinine. How long its good effects may last I am unprepared from experience to say, but would suppose that, like quinia, it would be required whenever the causes originally giving rise to the necessity for its use are made to operate for any considerable time on the organs of generation: such, for example, as masturbation, excessive venereal indulgence, neglected gonorrhoea, gleet, etc. It acts with equal certainty and promptness on the middle-aged and the young, when properly timed and advised. Two preparations were used in my cases; both in the form of fluid extract. One of them was compounded in Washington, and the other in this city. Of the former, a tablespoonful was given at a dose, three times a day; and of the latter, a teaspoonful at the same intervals. The latter proved equally efficacious with the former, though in smaller dose. While these preparations are reliable, I am informed there are others that produce no aphrodisiac properties whatever, even when used for considerable length of time. It is natural to suppose spurious, and even wholly inert, preparations, claiming the properties of *damiana* as an aphrodisiac, would find their way into

the market. Cupidity and ignorance in regard to the botanical character of the plant, as well as the precise source of supply, may, and probably will, operate to the prejudice of the genuine article for some time to come. But I have no hesitation in asserting that a genuine article of damiana will, when properly administered, be found the most reliable and efficient aphrodisiac in the whole range of our materia medica.

139 ARLINGTON AVENUE, March 1, 1876.

INTUSSUSCEPTION IN AN INFANT AGED SEVEN MONTHS — RECOVERY.

BY FRANCIS L. HAYNES, M.D.

THE subject of this article, a white male infant, aged 7 months, enjoyed good health until June 15, 1873, when he became restless, and passed numerous green stools of liquid consistence. Some castor oil was given, which operated freely. On the 16th the symptoms increased. On the 17th the child came under my care. He presented an anxious expression; cried frequently; pulse 126; temperature normal. The bowels were moved about every half-hour; the stools were small in quantity, semi-liquid, and yellow. The mother was requested to limit the child's diet entirely to her own milk, and to give a mixture of paregoric and chalk after every passage.

18th.—No improvement; pulse 145; stools still frequent. They present the same appearance, except that a few streaks of blood are seen here and there. Powders of bismuth and chalk were prescribed.

19th, morning.—Pulse 140; temperature 99°; evacuations, consisting of a mixture of blood and mucus, occur nearly every hour. Tenesmus exists. Injections of starch and laudanum prescribed. Evening.—Pulse weak, 140; temperature 97.5°; face pale; eyes sunken; convulsive twitchings of hands and feet. Since noon there has been *no evacuation from the bowels, but frequent vomiting* of a greenish fluid. Morphia, one sixty-fourth grain every half-hour, was prescribed. Three doses produced comfortable sleep.

20th.—Pulse so rapid and small that it cannot be counted; frequent vomiting occurs. The ejecta present the appearance of dirty dish-water, and have a stercoraceous odor. No stools. The abdomen is quite tympanitic; dulness on percussion exists over a space three fingers' width in breadth, and extending from the left hypochondrium to the iliac crest, or, in other words, in the position of the descending colon. On deep pressure over this space a tumor could be felt; not very distinctly, however, on account of the great tympanites present. On passing the finger through the

anus, a soft velvety tumor could be felt, which completely occupied the rectum. The centre of the tumor presented an oblong orifice. The child was now suspended by his heels, and the tube of a stomach-pump carefully introduced into the bowels. (By gentle pressure it passed to the extent of two and a half feet, but it was afterwards evident it had become coiled.) By means of a Davidson's syringe tightly attached to the orifice of the tube, water was now injected. No good result ensued. After injecting for a few seconds, the fluid forced its way out between the tube and the anus, and spurted to the height of two or three feet. The proceeding was repeated several times, and finally abandoned as useless.

In the evening the condition of the patient was still more discouraging. He lay perfectly quiet, evidently entirely exhausted. Constant stercoraceous vomiting; pulse extremely weak; the tumor in rectum and abdomen plainly felt. The procedure above described was repeated, the tube passing in about eight inches. After as much water as possible had been injected, and the tube withdrawn, a little fecal matter and a great deal of flatus escaped. On careful examination, no tumor could be felt either in rectum or abdomen. Beef-tea and milk-punch in small and frequently-repeated doses were directed.

21st.—Pulse extremely weak; no vomiting has occurred since the operation of last evening; the bowels have not been moved. In the afternoon the child had two convulsions. The abdomen was enormously distended. A tube was passed into the rectum, and a large quantity of flatus escaped. Gave two drops of oil of turpentine, and one sixty-fourth grain of morphia every hour until sleep was produced.

22d.—Pulse 136, stronger; no tympanites; the child has slept well all night, and is still sleeping naturally. In the afternoon two large tarry passages occurred.

23d.—Greatly improved; eight copious stools have passed to-day.

26th.—The passages became so frequent that it was necessary to give a diarrhœa-mixture. After this date the convalescence was rapid.

Remarks.—It is worthy of notice that this child was habitually constipated previous to his illness. This was also observed in a fatal case occurring under my care, and reported in this journal (vol. iii. p. 301) and in the Transactions of the Pathological Society of this city (vol. iv. p. 85). I believe habitual constipation to be an important predisposing cause of intussusception, by giving rise to a semi-paralytic and sacculated condition of the large intestine. If this opinion be correct, of course it is the duty of the physician to remedy, if possible, the condition mentioned, not

only in the adults, but also in the infants under his charge,—a task which he will find of no slight difficulty.

I consider that the position (*i.e.* suspended by his feet) in which the child was placed while water was being forced into the colon, was an important factor in effecting his recovery.

THE PREVENTION OF PAIN AFTER APPLICATION OF THE ACTUAL CAUTERY.

BY R. J. LEVIS, M.D.,

Surgeon to the Pennsylvania Hospital.

THE increasing use of the actual cautery as a powerful surgical resource will render important a means of avoiding the suffering which, for a varying time, follows its local application. The practice of using the actual cautery seems to be now reviving, under the influence of some high authorities, and, perhaps, with some newly-developed views of its therapeutic action, especially with regard to its influence by peculiar impression on peripheral nerves.

The local anæsthetic action of carbolic acid has been for some time recognized by surgeons; but no important practical applications appear to have been deduced, and its great powers in that direction seem not to have generally impressed the profession.

I have been in the habit of taking advantage of this remarkable property of carbolic acid in my frequent resort to the actual cautery, with the result of the most complete avoidance of consequent suffering. My practice is to apply *pure* carbolic acid on and for a short distance around each point of application of the cautery, before the patient recovers from the influence of the general anæsthetic which has been used. For convenience of application, the crystals of carbolic acid are deliquesced by warmth, and the liquid applied with a brush. The part is then covered with any light dressing. Should pain recur after extensive or deep use of the cautery, the application may be renewed; but I have not, in my experience, found such resort necessary.

Since the important fact of the local anæsthetic action of carbolic acid has been familiar to me, I have more frequently used the actual cautery in surgical

practice than formerly, particularly in neuralgic suffering and in chronic painful affections of joints, and always with freedom from suffering and with satisfactory results.

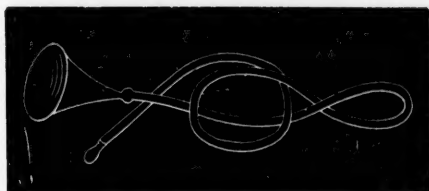
I trust that the suggestion of the beneficent use of this familiar agent may increase the general practice of the powerful therapeutic resource of the use of the actual cautery, which seemed, indeed, for a long time, to be almost another of the "lost arts" of surgery.

A MODIFICATION OF THE STETHOSCOPE.

BY FREDERICK P. HENRY, M.D.,

Physician to the Episcopal Hospital.

THE accompanying figure represents a convenient form of single stethoscope. It is a modification of the otoscope, and consists of the ear-piece of that instrument at one extremity, and the ordinary trum-



pet-shaped chest-piece of the stethoscope at the other, the two being connected by a yard of fine black india-rubber tubing of French manufacture, with a calibre of about one-quarter of an inch.

I have thoroughly tested this instrument in the wards of the Episcopal Hospital, and can recommend it as being quite as acoustically perfect as any of the stethoscopes in common use, and vastly more convenient. It enables the auscultator to sit or stand at some distance from the patient, and, without changing his position or removing the ear-piece, to rapidly apply the chest-piece to the different thoracic regions.

It can also be used as an auto-stethoscope, and, on that account, would be found invaluable to medical students.

The modification is, I believe, entirely new, although one gentleman to whom I showed the instrument said he had seen "something like it" before; on my inquiring where, he replied, "Out West, somewhere"!

635 SPRUCE STREET.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY HOSPITAL.

SERVICE OF PROF. LOUIS A. DUHRING.

Reported by Dr. ARTHUR VAN HARLINGEN.

MOLLUSCUM FIBROSUM.

THE patient, a small, wizened woman, fifty years of age and a German by birth, is said to enjoy good general health. Her intellectual faculties are dull; she is listless, and indifferent to her condition. She presents the following appearance. The surface of the body is everywhere dotted with great numbers of roundish, circumscribed, more or less prominently-raised tumors or nodules, having their seat distinctly under the skin and not in this structure. They are of various sizes from a pea to a pigeon's egg; some are sessile, others are pedunculated or pendulous from a short narrow stalk.

Although these tumors pervade the skin at all points, yet they are more numerous in some places than others. They are seen to be largest and occur most abundantly upon the back. The chest also is covered with them, and the breasts even up to the areola of the nipples. They are found on the arms, and on the fore-arms, wrists, and back of the hands; less numerous upon the lower extremities. On the face, and even upon the eyelids, they may be observed, though small in size. Their arrangement is non-symmetrical; they are irregularly scattered over the surface. On handling them they are found to be freely movable under the fingers, seeming to slip away and become squeezed under pressure almost into nothing, as if composed of elastic tissue. They are absolutely painless, and may be freely manipulated without giving the least uneasiness.

The history of the disease is briefly as follows. The patient states that the tumors first began to appear about twelve years ago, and have since then made steady but extremely slow progress. They have never been painful, nor have they even so much as caused discomfort, excepting occasionally when they happen to be struck or are rubbed. One of the larger ones, situated on the back, causes some trouble, since it prevents her sitting comfortably in a chair.

Dr. Duhring remarked that the disease is the one known as *molluscum fibrosum*, and belongs to the class of benign new growths. Occasionally these tumors attain

an enormous size; commonly all sizes are met with upon the same patient. There are two diseases known under the name "*molluscum*" (which means simply a soft tumor),—*molluscum fibrosum* and *molluscum sebaceum* (or *contagiosum*). The former variety has simply a fibrous structure similar to simple fibroid tumors.

Molluscum sebaceum is, however, quite a different affection. It is a disease usually found among children. The tumors come out much more quickly than those of *molluscum fibrosum*, and, attaining their size, disappear again in the course of time. It involves and is indeed a disease of the sebaceous glands. It ordinarily occurs on the upper part of the body, less frequently on the extremities; the tumors are seldom numerous, are whitish-yellow and waxy in color, and contain a small pit or aperture in the top, the opening of the sebaceous duct. They are also quite firm in consistence, and are closely attached to the skin. They are not loose and flabby, as the tumors of *molluscum fibrosum* often are. They not infrequently have a glazed appearance, and look like yellow mint-drops stuck on to the skin.

The affection was formerly believed to be contagious, and with this idea derived one of its names,—*contagiosum*. Experiments in inoculation have, however, invariably failed to propagate the disease, and it is not now believed to be communicable in this way. It is, however, liable to make its appearance among several members, especially children, of the same family at the same time.

Molluscum fibrosum is quite a rare disease, and is so peculiar in its appearance that once seen no difficulty is subsequently experienced in recognizing it. An excellent representation of an exaggerated form of the disease composes the frontispiece to Virchow's great work on tumors.

The case under consideration, Dr. Duhring said, in conclusion, is mainly interesting from a diagnostic point of view. The disease is due to that species of predisposition which produces lipomata and other similar kinds of growths. Should any of these tumors increase in size to such a degree as to be inconvenient or painful, they may be excised. Beyond the excision of the larger tumors, or those giving rise to inconvenience, it is expedient on account of their numbers not to attempt their removal.

TRANSLATIONS.

HEALING OF A PERFORATING WOUND OF THE STOMACH (Fischer: *Centralblatt für die Med. Wissenschaften*, No. 55, 1875; from *Deut. Med. Wochenschrift*, 1875, No. 11).—The ball passed between the fifth and sixth rib of the left side, and, without touching the lung, perforated the diaphragm, making a round hole in it, went through the anterior and posterior walls of the stomach, and remained back of the quadratus lumborum muscle. The wounds of the stomach healed without giving rise to any disturbance, probably because at the time of and for a considerable space of time after the infliction of the injury, the organ was empty. At the post-mortem examination distinct cicatrices of the size of a small coin, which were partially pigmented, were found. False ligaments existed between the diaphragm and the anterior wall of the stomach to its greater curvature, to the left lobe of the liver, and from the fundus of the stomach to the spleen. In the lower part of the left pleural cavity there were numerous adhesions between the pleura, lungs, and pericardium.

W. A.

EMBOLISM OF THE CENTRAL ARTERY OF THE RETINA (Popp: *Centralblatt für die Med. Wissenschaften*, No. 55, 1875).—In this patient, a woman aged 60 years, who had mitral insufficiency and hemiplegia on the left side, there occurred sudden blindness of the left side, and upon ophthalmoscopic examination embolism of the central artery of the retina was seen to exist. Two years later death occurred, and at the post-mortem examination there was found on the dura mater of the right hemisphere a fine hemorrhagic false membrane, distention of the right lateral ventricle, depression of the surface of the right optic thalamus, and sclerosis of the arteries, with deposition of calcareous plates.

The left optic nerve and the right optic tract were found to be markedly increased in size, and under the microscope the last named was found to be atrophied. The retina of the left side was much thinned in the neighborhood of the macula, and with the microscope a marked diminution of the thickness of the layer of ganglion-cells, both at this and other points, was seen. The choroid appeared to be normal, and neither in it nor in the retina were there found

any remains of extravasation, and the vessels were unaltered both in the condition of their walls and in their capacity.

W. A.

THE INFLUENCE OF NITROBENZOL IN CAUSING THE APPEARANCE OF SUGAR IN THE URINE (Dr. V. Mering: *Centralblatt für die Med. Wissenschaften*, No. 55, 1875).—Dr. Ewald asserted in No. 52, 1873, of this journal, that after the administration of nitrobenzol to dogs and rabbits he had found in their urine a large quantity of a body which had the property of reducing the oxide of copper. This substance reduced an alkaline solution of copper, and, according to him, when treated with yeast under the proper precautions was capable of fermentation. From the investigations which he has been making for some time, Dr. V. M. is certain that the substance which is excreted in the urine under the circumstances given above is not sugar. This substance he finds capable of reducing an alkaline solution of copper, but when treated with due precaution with yeast is not capable of fermentation. It is also deserving of special mention that this substance deflects light towards the left, which, as is well known, is diametrically opposed to the influence of grape sugar.

W. A.

EXTIRPATION OF THE LARYNX WITH THE HYOID BONE AND PART OF THE TONGUE, PHARYNX, AND ESOPHAGUS (V. Langenbeck: *Centralblatt für die Med. Wissenschaften*, No. 51, 1875).—In November, 1874, V. L. performed tracheotomy upon the patient, a tailor, aged 57 years, on account of dyspnoea of high grade, caused by carcinoma of the larynx. The patient, who at that time was unwilling to submit to any further operation, returned in July, 1875, and then it was resolved to perform extirpation of the larynx and of such portions of the neighboring parts as had been invaded by the new growth. After the patient had been brought under the influence of chloroform, the fistule of the trachea was enlarged downwards, and, a canula having been introduced, a T-shaped incision was made through the skin, the perpendicular limb of which was in the median line of the neck, and extended almost to the tracheal opening. The skin was then dissected away, and the submaxillary, lymphatic, and salivary glands which were involved were removed. The muscles of the floor of the mouth were divided, and

the arteries of the tongue ligated. The pharynx was then opened, the posterior part of the tongue cut through, and the anterior wall of the pharynx and œsophagus removed.

The external carotid artery was then ligated, and finally the trachea divided above the point at which the canula had been introduced. Forty-one ligatures were applied, and numerous muscles and nerves divided. No sutures were introduced, and the wound was dressed simply, but so as to prevent the entrance of fluids into the wind-pipe. At the time that the report of the case was made, eight days after the operation, no unfavorable symptoms had been noticed. The growth was found to be a carcinoma, which had started from the upper part of the larynx. W. A.

LOCAL ANÆSTHESIA IN THE REMOVAL OF LARYNGEAL POLYPL.—Scheff (*Centralblatt für die Med. Wissenschaften*, No. 55, 1875; from *Allgem. Wien. Med. Zeit.*, 1875, Nos. 33 and 34) advises, in cases in which there is not time to train the patient to endure the introduction of instruments into the larynx, the following process for the production of local anæsthesia, which he has already repeatedly used:

On the evening preceding the operation, the larynx is to be painted twelve times in rapid succession with pure chloroform. During the next hour the patient is to swallow fragments of ice and to have cold compresses applied to the neck, to reduce the local hyperæmia which has been produced. Then twelve applications of a solution of muriate of morphia (12 grm. to 2 drachms) are to be made, and also the throat must be several times gargled with a solution of tannic acid.

On the next day the patient complains of heaviness of the head, dizziness, noises in the ears, and sometimes of nausea and even vomiting, but has, however, complete anæsthesia of the larynx. W. A.

ON THE OCCURRENCE OF INOSITE (?) IN THE URINE OF RABBITS (Dr. E. Külz: *Centralblatt für die Med. Wissenschaften*, 1875, No. 54).—Bock and Hoffmann have shown that rabbits become diabetic when a solution of common salt of the strength of 1 per cent. is continuously injected into their blood-vessels. In view of the fact that in both diabetes mellitus and insipidus inosite was sometimes found in small quantities, it was supposed that there would be an excretion of this substance in the large

amount of diabetic urine produced by the administration of the chloride of sodium. It was found upon investigation, in eight experiments performed with a view to settle this question, that inosite was present in the urine in each case. W. A.

CYSTOCERCUS OF THE PONS VAROLII (Fredel: *Centralblatt für die Med. Wissenschaften*, No. 54, 1875; from *L'Union Méd.*, 1875, No. 70).—A powerful man, aged 22 years, while going from his residence to the house of a neighbor, suddenly fell dead. He was going from the north towards the south, and he fell with his head to the west and his feet to the east. At the moment of the death defecation took place. The skull was opened, and on the base of the brain at the right side of the superior portion of the pons a burst sac of the size of a nut was found. A microscopical examination was made of its contents, and characteristics of cystocercus were found. For two years previous to his death the man had suffered from headache and facial neuralgia of the right side. Some minutes before his death, clonic contractions of the facial muscles of the right side were noticed, together with a drawing of the head towards the same side. W. A.

ON THE ORIGIN OF CELLS CONTAINING ELEMENTS OF THE BLOOD AND THE METAMORPHOSIS OF THE BLOOD IN THE LYMPH-SAC OF THE FROG (O. Lange: *Virchow's Archiv*, lxx. 27).—According to Lange, cells of this character of three different forms are met with, and they have also three modes of origin. Those of the first kind make their appearance as granular bodies, which are of rather larger size than white blood-corpuscles, manifest lively amœboid movements, and contain isolated red blood-corpuscles, or, at least, fragments of them. They originate in white corpuscles by taking in those portions of the red ones. The characteristic features of those of the second kind are their noticeable size, the great number of contained red corpuscles, the narrow boundary which marks their edge, and the absence of active movement. They owe their existence probably to a conglomeration of red corpuscles, and the formation of their indistinct edges is perhaps due to the coming together of the stroma of these same corpuscles. The peculiar marks of the third kind are to be sought in the size of the cell-bodies and in the small number of red corpuscles which they contain. In addition to this,

their lively amœboid movements should be noted. It would appear that in their formation there had been a confluence of white blood-corpuscles, and that previous to or after this red corpuscles had been taken up.

W. A.

SYPHILITIC REINFECTION. — Caspary (*Deutsch. Med. Wochens.*, 1875, No. 7) gives three cases of syphilitic reinfection occurring two, thirteen, and four years after cure of the first attack. These afforded the usual symptoms: primary induration, universal adenitis, exanthema, etc. Caspary is inclined to regard reinfection as not infrequent, but at the same time insists upon the symptoms of universal adenitis or affections of the skin or mucous membranes in connection with the indurated sore in order to make the diagnosis positive.

X.

ABSCCESS OF THE ANUS IN TYPHOID FEVER. — Chalot (*Montpellier Méd.*, 1875, No. 5, *Centralbl. f. Chir.*, 1876, No. 5) gives the case of a soldier, 23 years of age, suffering from a severe attack of typhoid fever, in the course of which an abscess made its appearance in the region of the rectum, which broke spontaneously, and resulted in a fistula. In giving the case, Chalot takes the opportunity to record the frequency of this complication of typhoid fever, and recommends the use of the elastic ligature.

X.

EXTIRPATION OF THE ASTRAGALUS. — Da Silva (*Centralbl. f. Chirurgie*, 1875, No. 5; from *Correio Med. de Lisboa*) had a patient suffering from dislocation of the astragalus, with wound of the posterior tibial artery and a splintered fracture of the fibula. The astragalus was extracted, as well as several splinters of the broken fibula. The artery was tied in the wound, dilute carbolic acid compresses were applied, and drainage was secured. The wound healed in two months. Subsequently an abscess formed in the calf, which required treatment for four weeks longer. The inclination of the foot towards pes equinus was prevented by orthopædic treatment. The case is said to have been the first extirpation of the astragalus ever performed in Portugal.

X.

MITRAL MURMUR IN ICTERUS. — Dr. Gongolphe (*Le Progrès Méd.*, Jan. 1, 1876), in a brochure on this subject recently published, draws attention to the mitral *bruit de souffle* often heard during the course of icterus. The temporary mitral insufficiency which gives rise to this sound may

arise from (1) either a slight dilatation of the heart, or, (2) more probably, from paralysis of the papillary muscles, which aid in closing the mitral opening, thus bringing an incomplete occlusion of the left auriculo-ventricular orifice. According to Dr. G., this paralysis is due to the action of various biliary poisons, perhaps acting directly on the muscular structure of the heart, perhaps concomitantly upon this and upon the motor nervous supply. The production of mitral insufficiency in the course of an attack of icterus often coincides with a retardation of the movements of the heart, for the acceleration of these movements acts unfavorably in the production of mitral disease. The reverse, however, occasionally takes place, and mitral insufficiency coincides with rapid pulse. Dr. G.'s statements remain to be confirmed by further observations.

X.

CHLORAL IN DISEASES OF CHILDREN. — Monti (*Wien. Med. Presse*, 1876, p. 170, from *Memorabilien*) recommends chloral as an hypnotic in various diseases of children. The proper dose is three to four grains in infants, four to six grains in children of five years, while children of ten to twelve may take eight grains, or even more, in some mucilaginous vehicle. The smaller doses may be given in powder with gum-arabic.

Monti found chloral a valuable agent in tetanus and trismus, where the temperature did not rise above 98.6°. Cases where the temperature rose to from 102.2° to 104° always ended fatally. In idiopathic convulsions of new-born children and infants, and also in laryngospasmus, chorea major and minor, chloral gave relief, but had no influence upon the duration of the disease. Opium is to be preferred in violent delirium, restlessness and sleeplessness, in typhoid fever and the exanthemata. Chloral is only palliative in pertussis, and is not to be employed in the third stage. It is useful to allay pain in colic. Kovatsch found the use of chloral advantageous in whooping-cough, by lessening the number of attacks at night, and thus allowing better rest. He also found it of use in the epilepsy of childhood.

X.

CURE OF OVARIAN TUMORS BY ELECTROLYSIS. — Dr. Semeleder, of Puebla, Mexico, gives (*Wiener Med. Presse*, December 26, 1875) a short account of several cases of ovarian dropsy entirely relieved by electrolysis. The rationale of the cure

is explained by Dr. S. as follows: It is known that where both poles of a battery are placed in an albuminous fluid, the latter coagulates at the positive pole, while it becomes thinner at the negative. Something similar probably occurs in the ovarian cyst under the same circumstances. Not only does the fluid become absorbed, but the cyst-wall is so altered that secretion no longer takes place therefrom. This must result through the influence of the cystic fluid, for the electrodes do not come in contact with more than a very limited portion of the cyst-walls directly. It would be of the highest interest to examine, post-mortem, the condition of a cyst altered in this way and caused to shrink. Multilocular cysts are affected in a similar manner.

x.

DESQUAMATIVE SCARLATINIFORM ERYTHEMA.—At a recent meeting of the Société des Hôpitaux (*Bull. Gén. de Thérap.*, February 15) M. Féréol presented a patient, a young man affected with exfoliative dermatitis presenting peculiar characters. Two years ago, after some typhoid symptoms, he was attacked by a scarlatiniform eruption of a peculiar nature. He recovered from this, and remained fifteen to eighteen months without further trouble. Last year these same symptoms appeared once more, but this time without having been preceded by fever. At this time desquamation of the whole of the integument took place. Since then (January, 1875) this pseudo-exanthem recurred seven times, always under the same conditions, that is to say, preceded by a slight angina, with a slight febrile movement or even without fever. Finally, these relapses have become, so to speak, incessant. The desquamation, always entire, commences in the superior portions of the body and terminates at the feet. The patient's general condition is fair, his appetite is good, and there is nothing abnormal in the urine.

M. Féréol asked the members of the Society their opinion of the case as to diagnosis and treatment.

M. Blachez had observed a similar case long ago. No precise diagnosis had been made. Some thought it to belong to the class of eczemas; others regarded it as a pemphigus. The case was also that of a young man, whose body, little by little, became the seat of such an abundant desquamation that not less than one to one and a half litres of epithelial débris was

collected from his bed every morning. The desquamation was accompanied by acute pain. For six months the patient remained in this condition, without gaining any relief from treatment. The carron-oil dressing alone seemed to relieve the local symptoms. Among other symptoms in this patient, the nails became the seat of a secretion from their internal surface, so as to form a sort of pad of epithelium, separating the nail from the subjacent parts. The sense of taste was completely abolished; the tongue was entirely deprived of papillæ. The general health continued good, excepting that some slight fever was observed from time to time. The patient was afterwards attacked by furuncles, and even anthrax, and finally succumbed to pneumonia.

M. Blachez laid stress upon the point that in this case the affection was continuous, and only presented some exacerbations. It should be observed, also, that it was perfectly rebellious to treatment.

M. Besnier thought the term *dermatitis* one much abused, and suggested the name *desquamative scarlatiniform erythema* for cases like the one under consideration.

A. V. H.

CHANGES IN THE INTESTINE DUE TO EMBOLISM OF THE ARTERIES.—Biesiadecki (*Wien. Med. Presse*, 1876, p. 166) says that it has long been known that emboli of the superior mesenteric artery are followed by hemorrhagic peritonitis, and that calcified emboli may cause false aneurisms in the mesenteric arteries, which may afterwards burst. Various cases observed recently, however, go to prove that other changes may occur in the intestine as a result of embolism. Two cases have been noted where a patch of intestine one-fourth of an inch long became necrosed entirely. In the neighborhood of this patch the mucous membrane was covered with a diphtheroid deposit, the neighboring parts being glued to the intestine by croupous exudation. In several cases necrosis of the mucous membrane resulted from emboli of the arteries, giving rise to extensive ulcers with infiltrated borders. On healing, these ulcers caused contraction of the intestine.

x.

At a recent discussion before the Société Médicale des Hôpitaux, it was seriously affirmed that in America negroes pass black worms.

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, MARCH 18, 1876.

EDITORIAL.

UNSEASONABLE WEATHER.

SOME weeks ago we took occasion to combat the prevalent idea that mild winters are unhealthy, using for this purpose certain English statistics. It has been objected that the climates of England and America are so diverse in regard to moisture, etc., that facts derived from one are not applicable to the other. Principles are, however, the same all the world over. The popular idea and the familiar proverbial expression of it are both English in origin, but, nevertheless, it has seemed worth while to examine the matter from a purely American stand-point.

The opinion of Dr. Snow, of Providence, is entitled to great weight, and in his last report he states that his observations for many years past have shown him that extreme cold or extreme heat, if continued for a week or more, increases the mortality. In support of his opinion he contrasts the months of January in 1876 and in 1875, stating that in Providence the period named was the coldest in 1875 and the warmest in 1876 known for many years. His statement is as follows :

	1876	1875
Whole number of deaths	115	159
Pneumonia	15	35
Consumption	22	31
Croup	5	10
Bronchitis	1	6
Scarlatina	4	19

"This shows a large decrease in the warm January of the present year, not only in the whole number of deaths, but also, especially, in those causes of death which might be supposed to be influenced by the winter weather."

Taking the statistics of our own city, we find that the mortality in January, 1875,

was 1457, in January, 1876, 1513. This seems to be exactly contradictory to the testimony of Dr. Snow, but on looking at the thermometer-records we find that in Philadelphia the difference between the two months was not so very marked ; the mean temperature being in January, 1875, 26.1 ; in January, 1876, 30.1. January of 1874 was a much warmer month than either of those contrasted, and had a very markedly less mortality than either. Its mean temperature was 36.7, and its mortality only 1113. It would appear, then, that excessive cold does influence the mortality list, but that for this influence to be marked and constant the diminution of temperature has to be very decided.

PENNSYLVANIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.

THIS very useful Society appears to be in a flourishing condition, having during the year added seven thousand five hundred dollars to its permanent endowment fund, and received subscriptions amounting to nearly eight thousand five hundred dollars for current expenses. The good achieved by this Society is undeniable and most gratifying. The civilizing influence of law was never more plainly shown than in the results of its efforts upon Market and other streets, where formerly brutal car-drivers and teamsters used to beat and kick to their hearts' content. It is always difficult to draw the line between earnestness and fanaticism, and one branch of the Society seems in danger of over-leaping the boundary. The annual report indicates that the crusade against vivisection was to be directed solely against its employment without anæsthetics for class illustration. With such a movement a large proportion of the profession would heartily sympathize. But the bill actually introduced into the State Senate, if it had passed as originally read, would have

sent to prison every original investigator, and, even as amended with the consent of its authors on second reading, would have seriously interfered with original investigations. Consequently, the committee of the College of Physicians of this city opposed it, and with very little effort succeeded in defeating it. Their success was largely due to the able speeches on the floor of the Senate of the Hon. E. A. Wood, M.D., of Pittsburg, and to the assistance of the other medical members of the body. On the whole, it is well that the movement has been made, for the decisive vote of twenty-five to fifteen shows that the good sense of the State Senate is such that any improper bill on vivisection stands little chance of being passed.

A RECENT number of the London *Lancet* contains a protest against a practice which is sufficiently annoying in our "inland village," but which must be in the great metropolis almost maddening. We allude to the house-visiting of old-clothes sellers and buyers, rag-merchants, sand-boys, venders of oranges, pencils, brooms, etc., *et hoc omne genus*, as well as of the higher, often more importunate class of subscription-agents. It is bad enough for a young physician to have his hopes raised by the crash of the bell-ring only to have the vision of broken limbs, sudden colic, etc., dashed by hearing the question, "Do you want to buy any sand?" and the following imprecation of the man- or maid-servant, but it is worse for the busy practitioner to have his time wasted *volens volens* by some persistent subscription or life-insurance agent, who has forced his way into the inmost sanctum of the consulting offices. So long as it pays, the agent will come, and, in truth, does not deserve blame for his persistent efforts at self-preservation. Those of the profession who never subscribe will have to continue to suffer for the sins or weaknesses of their

brethren. The extraordinary avidity with which many of the profession have swallowed the baits of centennial albums, etc., and paid ten dollars for about two dollars' worth, shows that the millennium in this commonwealth is still afar off.

THE Report of the Royal Commission upon Vivisection has appeared, but has not, that we know of, yet reached this country. It is said to be an exhaustive document: setting forth first the history of the subject in connection with the progress of medical science; then giving the enormous mass of testimony taken by the committee; then analyzing this; then portraying the enormous yield of vivisection to humanity, and finally giving the reasons of the commission for believing that legislation was called for, and proposing an enactment. The chief feature of the proposed law, whose details we have not seen, consists in the requiring those who practise vivisection to take out a license.

IN the London *Lancet* of February 19, 1876, is recorded the case of an officer of the Royal Navy who was wounded during 1860 in New Zealand, and died of sickness during the Ashantee campaign. At the time he was shot, the symptoms were so slight that it was believed that the bullet, which entered near the right nipple, had failed to penetrate the chest. At the autopsy, a bullet, of the sort employed by the natives of New Zealand, was found encysted in the triangular space between the aorta and pulmonary artery, outside the pericardium, and above the right ventricle.

THE success of the Harvard Medical School is assured; the income from students during the fiscal year of 1874-5 having been \$36,661.58. The open way in which affairs are there conducted is notably different from the plan usually employed, and seems to us to be the mark of earnest men conscious of being in the

right. We would call especial attention to the circumstance that the proportionate number of students from without New England and the British Provinces is rapidly increasing, and, in fact, has *doubled* within the last six years. It would be well if some of our colleges would read the handwriting on the wall.

M. ANDRAL, famous for his works on clinical medicine and allied subjects, and for his lectures in the chairs of hygiene and of medical pathology in the Paris School of Medicine, died February 13, at the advanced age of seventy-nine years.

CORRESPONDENCE.

PARIS, February 7, 1876.

TO THE EDITOR OF THE PHILA. MEDICAL TIMES:

SIR,—In my wanderings from place to place, I have not been able to keep up with the regular issues of your journal, and consequently the number for November 27, containing your sensible and suggestive editorial on "Our Sick Poor," has just come under my notice. It is a question pregnant with interest to medical men as well as to philanthropists, and I have been astonished that no one in our country has seen fit before this time to present the subject in its proper light, and take the initiative in a reform that is badly needed in our present system of so-called charity practice. It must be patent to every reflecting person that the present system is the most unjust conceivable to the medical profession, though, for the matter of that, the profession has to lay the blame of it altogether on itself. But not only that; it is equally hard on a large class of hard-working, honest, middle-class men. I saw this clearly demonstrated in England, where this class forms so large a portion of the population. In the domain of general practice it is not so difficult for them to get on, as the charges of the general practitioner can be regulated to suit the purse of the patient, and the practitioner run but little risk of losing caste with his brethren; but in cases where some special skill is required the poor man finds himself in an unpleasant dilemma. Suppose his child has an affection of the eye which his family physician does not feel himself competent to treat. Only two courses are left open to him: either he must go to a consulting oculist and pay his guinea a visit, or he must take it to one of the charities which are open only to the indigent, and let

it take its chances there. A man with any feelings of refinement revolts at the thought of being considered a pauper, and of appealing to a charitable institution for aid, when he is able and willing to pay a moderate sum for such service as he wants if it were to be had.

In ninety-nine cases out of a hundred he cannot pay the guinea a visit, and is driven to the humiliation of resorting to the "Infirmary." This is not a mere figment of the imagination, but the actual state of affairs as I found it during a considerable intercourse with the lower middle class in a large English manufacturing town. The case is not yet so bad with us, but when we have aged more precisely the same difficulty will have to be met, and now is the time to prepare for it. He alone is not the humanitarian who saves his fellow-creature from actual want: a true man cares more for his sense of honor and a just pride than for a good square meal, and a genuine charity includes the preservation of the one as well as a provision of the other. To state the difficulty to be met, however, is quite a different matter from pointing out a satisfactory manner of meeting it. The plan of establishing dispensaries in the manner spoken of in your editorial seems to me the best both for the protection of the practitioner and for the needs of the class spoken of above. And the plan is feasible, for I have seen it in successful operation in the case of Dr. Albert Mooren's Eye Clinic at Düsseldorf. In this clinic all patients are received in the same room, from the prince to the beggar, and all, with the exception of the extreme poor, pay something,—in general it is a very trifling amount. The laboring classes are usually charged ten silbergroschen (about twenty-five cents), the better-to-do class twenty silbergroschen, for each consultation. The largest amount I saw paid was one thaler. In this case no medicine is furnished.

This plan, or some modification of it, appears to me adapted to meet the issue both for the protection of the profession against the evils of hospital practice, and for the necessities of a large number of our fellow-beings. I trust that you will continue to agitate the subject until some definite steps are taken to place this vexed question of "our sick poor" upon a more equitable basis, both as regards the patient and physician.

SWAN M. BURNETT, M.D.

13 RUE PAUQUET.

ANECDOTE OF SIR CHARLES BELL.—One day, it is said, describing to a barber who was shaving him a patient's unsuccessful attempt to cut his own throat, Sir Charles, on the barber's request, pointed out the anatomy of the neck, showing how easily the act might be accomplished. The barber left the shop and cut his own throat, leaving Sir Charles Bell's shaving incomplete.—*The Doctor.*

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, DECEMBER 9, 1875.

The VICE-PRESIDENT, DR. HARRISON ALLEN, in the chair.

Punctured wound of the brain. By Dr. W. S. WOLFORD, for Dr. WASHINGTON H. BAKER, who furnished the history.

M W., 22 years, single, butcher, large and stoutly built, was brought to the German Hospital, at 1.30 A.M., November 14, 1875.

When brought in, he was insensible; pupils contracted. The muscles were not in a relaxed condition. Fæces and urine found in clothes; vomited matter on clothing. Lived until 11.8 A.M., November 17, 1875. Never became conscious. There was no retention of urine. He had fecal discharges three times the first day, but none afterwards. He vomited twice after admission, when raised in bed to remove clothing, not afterwards. For some hours before death, a large quantity of mucus collected in his throat, and after six o'clock of the morning of death, he could not swallow his medicine.

On admission, a piece of steel projected out of a wound in the right parietal region about one-fourth of an inch; it was removed by the exertion of great force. It was a knife-blade, five and three-fourths inches long, half an inch wide, and an eighth of an inch in thickness. A little blood followed its extraction. The treatment consisted in cool applications to head, warmth to extremities for some hours, and carbonate of ammonium with whisky, carefully administered until reaction, after which time bromide of potassium and small doses of tartar emetic were given.

Temperature when admitted to hospital, November 14, 1.55 A.M., was 95.6°; 7.30 P.M., 101.7°. November 15, 3.45 A.M., 99°; 10.15 P.M., 103.2°. November 16, 12.10 A.M., 102°, gradually increasing to 105.2° on November 17, at 8.30 A.M., when death occurred.

Dr. ALLEN referred to an almost identical case which occurred in the Philadelphia Hospital, that of a negro. There was no suspicion of anything of the kind; but at the post-mortem examination the blade of a case-knife was found in the skull, evidently broken off after it had penetrated the brain-case.

Epithelioma of the leg; amputation. By Dr. W. S. WOLFORD.

The wound from which the trouble arose was inflicted eleven years ago. It has caused the patient a great deal of trouble, as nothing seemed to produce a tendency in it to heal, and the drain from it kept him weak, though he was able to attend to his business, which was flour-shipping. The pain, though annoying, was never violent until within a year past,

when it grew gradually worse and worse, and was surely bringing the man to his death. Amputation was deemed necessary to save his life, both on account of the pain and the nature of the disease, which was supposed to be epithelioma. The bone, on dissection after amputation, was found denuded of periosteum, and slightly involved in the region of the ulceration. The patient is doing well.

The specimen was referred to the Committee on Morbid Growths, which reported, December 23, 1875, as follows:

"The tumor of the leg, presented by Dr. Wolford at the last meeting, is an *epithelioma*, with numerous concentrically laminated epithelial bodies, the so-called epithelial pearls." *Thickened transverse mesocolon, with multiple hernia of muscular and mucous coats protruding through the encasement; cirrhosis of liver.* By Dr. DE F. WILLARD.

A. B., æt. 57, was a prominent politician, and constant drinker for years. No abdominal trouble until about two years since, when symptoms of obstruction of portal system made their appearance. Cirrhosis of liver was soon diagnosed, and the case steadily progressed, ascites, œdema, dyspnoea, etc., appearing in their usual order. Was repeatedly tapped, with the result of affording only temporary relief. Diarrhœa, alternating with constipation, loss of appetite, pain, general weakness, and ascites, increased until November 26, when, attempting to get out of bed, he suddenly fell back and instantly expired.

Autopsy.—Eight or ten gallons of pale-yellow fluid in abdominal cavity. Peritoneum, both parietal and visceral layers greatly thickened, especially on right side. Strongly adherent lymph at many points. Liver, stomach, and colon firmly united by layers of lymph. This inflammatory thickening of the mesocolon had caused it to become a dense fibrous sheath around the transverse colon, in which encasement were numerous openings, varying in size from one to six lines in diameter, through which protruded pouches of the mucous and muscular coats of the bowel. Some of these projections were as large as a chestnut, and their chief interest consisted in the fact that should they become filled with hardened fæces, strangulation and subsequent sloughing would be a condition quite possible, and one which would present many difficult points in diagnosis. Liver markedly cirrhotic; kidneys large, congested; heart exceedingly small; pericardial effusion normal; no valvular disease.

Cheesy deposits in a kidney. By Dr. HARRISON ALLEN.

The specimen was presented for Dr. STILES, of Conshohocken, and is described in the *Medical Times* for January 8, 1876.

Dr. R. M. BERTOLET said it was well known that what now are termed cheesy inflammations of the renal organs were formerly all attributed to tuberculosis. And this view is

still held by some pathologists as regards these deposits in the kidneys. Those who take this view say that the cheesy infiltrations are formed by the confluence of numerous miliary tubercles, which undergo fatty degeneration and break down. Another reason for this view is sought in the fact that in the vicinity of these collections are also often found small miliary tubercles.

The first reason would be conclusive; but certainly, in a large number of cases, the recognition of tubercles, as such, in the caseous foci, is utterly impossible. The presence of the tubercle-granulum in the vicinity of a cheesy deposit, the second reason urged, speaks as strongly for the non-tuberculous nature of the disease. The miliary eruption in this peripheral manner is noted in the most different pathological processes of various organs, without any claim being advanced for a tuberculous character of the primary centres of inflammation. In fact, the miliary tubercle, when thus appearing, may be regarded as quite accidental,—due to local infection.

There are further one or two points of interest in connection with this case. The kidney appears under the normal size; whereas, as a rule, in phthisis renalis the organ is enlarged, nodular, and presents a roughened surface; the capsule greatly thickened, as here. Further, the left organ is more frequently involved. Contrary to what has heretofore been supposed, the liver is much more frequently the seat of true tubercle than the kidney, the relative frequency being as two to one. While inclined to believe that such masses are simply inflammatory in their origin, and of the nature of cheesy deposits, he did not desire to maintain that true tubercles did not occur in the kidney, but that when present they were usually associated with general tuberculosis of the body. Then the organ may be found studded with numerous gray points, which are barely visible to the naked eye.

The causes of the inflammations just referred to are numerous, but they are usually seated in the genital apparatus, as the testicle, bladder, ureters, etc. The inflammatory products of chronic pyelitis and pyelonephritis are generally abscesses, yet the contents of these may become inspissated and thus be formed caseous foci.

Dr. ALLEN regretted that the ureters had not been examined, but the examination was necessarily very hasty. He desired to ask Dr. Bertolet whether these collections would not be included among tubercular deposits according to the old classification.

Dr. BERTOLET replied that they would, just as we are still in the habit of speaking of laryngeal phthisis when referring to the chronic ulcerative inflammations of the glands of the larynx. This term is apt to be applied especially when the disease occurs in the course of pulmonary phthisis. Laryngeal tuberculosis could, however, only be spoken of

when true tubercles existed in the mucous membrane of the larynx. The same holds good in case of the kidneys.

Multiple miliary abscesses in the kidneys, which follow in the course of certain septic diseases, especially puerperal processes, are often so numerous and small in size as to deceptively resemble an eruption of miliary tubercles. They are often dependent upon embolism, resulting from ulcerative malignant endocarditis of the left side of the heart.

Dr. JOHN ASHHURST, Jr., said that no doubt the older pathologists would have looked upon the kidney shown by Dr. Allen as a specimen of tuberculous disease, just as they considered many affections of the bones and joints to be tuberculous, which were now regarded as simply the result of inflammation. Even the older writers, however, in some degree recognized the inflammatory origin of these cases; Rokitsky mentioning that one form of renal tubercle was known as *gonorrhæal* tubercle, on account of its occurrence as a sequel of blennorrhagic affections.

This condition of the kidney might also, as pointed out by Dr. Bertolet, be produced by embolism as the result of ulcerative endocarditis,—the "arterial pyæmia" of Dr. Wilks; and in this connection the views of Dr. Dickinson as to the pathology of the so-called "surgical kidney," or, as that writer more appropriately proposed to term it, "uriseptic suppuration of the kidney," should be remembered,—the state of the organ in these cases being described by Dr. D. as "one of pyæmia arising within itself." And then, too, in discussing this question, it should not be forgotten that Burdon Sanderson and other modern pathologists had advanced strong reasons for regarding tuberculous and pyæmia as themselves analogous if not allied conditions.

Alveolar pigmented sarcoma from the back.

By Dr. JOHN H. PACKARD.

The tumor was removed from the back, between the shoulders, of a girl, æt. 21, a patient at the Episcopal Hospital. It was button-shaped, about two inches in diameter, and an inch and a half in thickness. It was attached by a pedicle about three-fourths of an inch in thickness.

She stated that she had had a little wart-like growth there ever since she could remember; about a year ago it was accidentally bruised, and since that time its growth had been rapid. Once or twice she had struck it, and it had bled very freely. It was readily shaved off with a bistoury, and the wound had healed without special trouble.

The specimen was referred to the Committee on Morbid Growths, which reported, January 8, 1876, as follows:

"Dr. Packard's tumor is a *pigmented sarcoma*. Microscopically it presents large epithelioid cells, many of which are of a brownish-red color, from the presence of

minute granular pigment, all of them containing a large shining nucleus. The intercellular tissue is of a hyaline structure, but in many places the cells are so closely packed in large meshes as to resemble an alveolar arrangement. Here the stroma is composed of nucleated spindle-cells, many of which are also pigmented. A portion of the coloration is also due to hemorrhagic extravasations, and there are not a few territories of the growth which are entirely free of any coloring-matter. The tumor is attached to a fibrous pedicle, and is covered with a cortical layer; it can properly be placed among the recently-described sarcoma alveolare pigmentatum."

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by FRANK WOODBURY, M.D.

DR. WM. GOODELL, PRESIDENT, in the chair.

CONVERSATIONAL meeting, held December 8, 1875.

DR. J. CHESTON MORRIS read a paper on "Intra-Uterine Pessaries," which appears in the present number. The subject was then opened for general discussion.

DR. H. LENOX HODGE said: I have listened with much pleasure to the lecturer's remarks, and since Dr. Morris has referred to my father, Dr. Hugh L. Hodge, I would briefly refer to his connection with the subject of intra-uterine pessaries. Three kinds of intra-uterine pessaries have been mentioned this evening. The first was the simple intra-uterine stem,—Dr. Simpson's first instrument,—designed merely to stimulate the action of the uterus and to overcome flexions of the organ, without attempting to rectify any other displacement. The second form has attached to the intra-uterine stem a prolongation which extends to an external framework, which holds the instrument and the uterus rigidly in position. The third form has no external framework, but in its place a vaginal pessary attached to the intra-uterine stem. This form, while it holds the uterus in correct position, also allows it to have a certain amount of mobility during the acts of respiration, urination, defecation, straining, etc. This form of instrument was the invention of my father, and all the varieties of it shown to-night, and which have been made at home and in Europe, are only modifications of his original plan. The intra-uterine pessary devised by him was described and drawings given of it in his book on "Diseases Peculiar to Women," published in 1861. To him also belongs the credit of having pointed out that the intra-uterine stem of Simpson's pessary was too long for the average uterus. The stem in the interior of the uterus should always be shorter than the cavity of the individual uterus into which it is to be inserted.

Prof. Hodge condemned the general and indiscriminate use of intra-uterine pessaries; yet, in certain cases which he believed to be extremely rare, he had employed with advantage the instrument above described.

DR. MORRIS.—The intravaginal form is undoubtedly preferable if you can get the support from the surrounding structures; the outside wire irritates, and does not remedy lateral versions. The best internal support that I am acquainted with is a Hodge's double-lever pessary, to which I have added a little shelf to support the base of the stem or the disc. I never had one to give me any serious trouble from pressure, although it is said they may cause extensive ulceration. They should be watched from time to time, and removed when purulent or bloody discharge supervenes. The double-lever pessary is the best vaginal support that has been devised in the vast majority of cases of displacement.

DR. HODGE.—I think that benefit might be derived in some cases from the fact that the instrument interferes with connubial rites, that in certain conditions would be injurious to the patient. In connection with this subject, I would mention that I have noticed a curious change in glass pessaries after they have been worn for some time; the surface instead of being clear and polished becomes opaque and eroded. A number of such specimens are in my possession; I am unable to account for it in any other way than by the action of the alkaline mucus exerting a solvent action upon the glass.

DR. J. M. BARTON.—Personally, I have had but little experience in the use of the intra-uterine pessary, but would ask for information as to the real value of the galvanic form of the instrument. I have always been of the opinion that, to be able to use a current, it was necessary not only to have an electrolyte and two dissimilar metals, but that they should also be separated in the fluid in order that a current should pass at the poles. Where two metals are *in contact* in such a fluid, one is corroded and the other remains bright for this reason, and in this way we have the galvanic protection of metals, which may be seen utilized in Dr. Hare's point for the lightning-rod; but in such cases no current passes through surrounding objects whatever. If the uterus or any portion of it were interposed between these metals we might imagine a current going through that portion; but as these currents always "go in the paths of least resistance," and as they have direct metallic communication, we see no reason why they should go out of their course to disobey their natural laws.

On this account I am at a loss to understand on what possible theory any advantage can be obtained from the galvanic form of the intra-uterine stem.

DR. MORRIS.—In the galvanic stem the soft and moist tissues of the uterine surface sur-

round the two metals, and act as the cloth in the original voltaic pile. At all events, on whatever hypothesis their action may be explained, I know from experience that they are valuable aids in certain cases of engorgement and chronic metritis.

I recall a case in point which I had under my care at the Episcopal Hospital. Ellen D., aged 23, had never menstruated, but suffered from severe uterine pains every month. There was a well-developed cervix, but the sound would not enter the internal os, on account of a body lying to the left, which was evidently the body of the uterus connected with the cervix by an undeveloped canal. Not knowing exactly what to do, in a fit of desperation I introduced a galvanic stem as far as it would go. In the course of a few days it worked its way through the obstruction, and formed a good canal, and the patient has menstruated regularly ever since. This I consider a legitimate application.

I omitted to mention, as I intended doing, that to Prof. Hodge is due the credit of proposing a vaginal pessary to which a Simpson's stem may be attached. But he evidently discourages their use in general, as interfering with the performance of connubial rites. In my opinion, retroflexion is difficult to cure in any other way, and in antelexion it is our only hope of success.

TRENTON MEDICAL ASSOCIATION.

STATED MEETING, FEBRUARY 10, 1876.

DR. WILLIAM ELMER, PRESIDENT, in the chair.

DR. RIBBLE reported a case of *concussion of the brain, with cure from free catharsis*, in a young man 24 years of age, who jumped from his wagon while his horses were running away, and struck his head violently against a telegraph-pole, producing concussion of the brain. The patient remained in an insensible condition some three or four days, and then slowly regained consciousness.

At this time he described his condition as if he were in a dream. Various remedies were tried to better his condition, such as the bromides, iodides, stimulants and depressants, and bleeding, but all failed to give relief. The doctor remarked that he himself had suffered from concussion produced from a fall from his horse while in the Army of the Potomac, and had not obtained complete relief from the injuries sustained until a sharp and severe attack of dysentery set in. Reasoning from analogy, and while casting about for a remedy for this patient, he had been induced to try the same treatment that nature had employed in his case. Accordingly, he put the patient upon *fld. ext. rhu-barb* and *bi-carb. soda*, producing free cathar-

sis, which speedily relieved him of all the brain-symptoms.

Dr. ELMER reported a case of *persistent vomiting during incipient pregnancy successfully treated by dilatation of the os uteri*, after failure of all other remedies.

Dr. GREEN reported a case of *bleeding from gums* after extraction of teeth. The hemorrhage was severe, and he plugged the cavity with persulph. iron, followed by pressure, which arrested the bleeding for a time, but hemorrhage returned. A hypodermic injection of ergotin was then given, and arrested the bleeding at once.

Dr. WARMAN reported a case of *pseudo-membranous croup* in which all the ordinary popular remedies, such as emetics, inhalations of vapor of lime, and lime-water, and finally filling the room with steam, failed to give relief, when, as a *dernier ressort* (the parents refusing to have the operation of tracheotomy performed), inhalations of *bromide of ammonium*, ten grains to the ounce, were used with the atomizer, and immediate relief from the most alarming dyspnoea was obtained, and the patient made a complete recovery, with the exception of entire loss of voice.

Dr. WARMAN reported also two cases in which *jaborandi* had been used for severe *catarrhal attacks*.

In both cases forty-five grains of the leaves had been given in infusion, with the peculiar characteristic result of the remedy, viz., profuse diaphoresis and salivation, and in both cases the colds that had been contracted were speedily broken up.

Dr. ROGERS reported a case of *singular brain-disturbance from exposure to extreme cold*, as follows: A carter, aged about 50 years, after prolonged exposure to a low temperature suffered from symptoms resembling acute congestion of the brain. Dr. Rogers found the man comatose, breathing stertorous, pulse slow, pupils dilated, and the temperature below normal. Stimulants were administered freely, together with artificial warmth, but for three days there was little or no change in the patient's condition; at the end of the time mentioned, wild delirium supervened, without appreciable fever. The patient remained in this condition for two or three days longer, when he grew rapidly better, and was soon well. Since that time the man has pursued his ordinary occupation, his health being quite as good as usual. The doctor remarked that Lieutenant Payer, of the Austrian Arctic Exploring Expedition, had reported cases occurring among his crew very similar to this, produced by the extreme Arctic cold. Many of the sailors became delirious, and would have wandered off and died but for the fact that they were cared for by their comrades.

Numerous instances of the kind have been observed by Arctic explorers, but it is very rare that such phenomena as the results of exposure to cold are met with in this latitude.

REVIEWS AND BOOK NOTICES.

LECTURES ON BRIGHT'S DISEASE: Delivered at the Royal Infirmary of Glasgow. By D. CAMPBELL BLACK, M.D., L.R.C.S. Edinburgh, etc. 8vo, pp. 146. Philadelphia, Lindsay & Blakiston, 1875.

Without contributing anything to our knowledge of Bright's disease, this book contains many useful truths which bear repetition; but the carelessness and inaccuracy with which they have been presented make us regret that the volume was ever published. Thus, the author gives tolerably correctly the modern views as to the minute structure of the kidney, as evolved by the labors of Todd, Bowman and Beale, Henle, Schweigger-Seidel and Ludwig, and says, "The precise mode in which urine is secreted must be, I assume, as follows: The watery portion transudes through the thin wall of the Malpighian capsule, the saline constituents are separated by the cells lining the convoluted tubes, and the watery portion, in passing over the cells, appropriates their contents by a process of solution, *dissolving at the same time the cell-walls.*" All of which is true as to function; but if there be a single situation in the body where the absence of anything like a cell-wall is generally acknowledged, it is in the cells lining the convoluted tubules of the kidney, where these bodies are so slightly differentiated that the protoplasm of adjoining cells fuses into a continuous mass, the nuclei alone being distinct; so that Ludwig says* that the *nuclei are imbedded in a pulpy mass*, and "it would appear that the mass investing the nuclei and to be regarded as cell substance is not differentiated into separate cells."

The author regrets that chronic nephritis and Bright's disease should have become synonymous terms. He thinks the merit of Bright to be that he recognized the presence of albumen in the urine as being frequently associated with peculiar structural changes in the kidney, quoting, in support of his view, Rayer, who says, at the close of the sentence quoted, "*dont en même temps il a trouvé les caractères spéciaux,*" decidedly something more than is allowed by Dr. Black.

In classification, Dr. Black makes three divisions of appearances: 1, those of disordered circulation,—including anæmia, hyperæmia, hypertrophy, inflammatory agglutination, and contraction of fibrin; 2, those produced by mechanical conditions,—cysts of tubes and Malpighian capsules; and 3, those due to cachectic conditions of the blood, including the chronic forms of fatty, purulent, fatty-granular degenerations, and thickening of the vessel-walls.

It will be admitted by all that it is in the matter of treatment that we are to-day most

anxious to increase our power over Bright's disease, at least in its chronic form; but it will scarcely be admitted by many that the mercurial treatment very strongly recommended by Dr. Black in the later stages of acute Bright's disease contributes much to this power. Less objectionable to us is the general bleeding which he recommends in the earliest stages, although we should prefer to restrict ourselves to local blood-letting and the subsequent use of warm poultices. We doubt whether more efficient means can be found to restore the physiological action of the kidney and reduce the dropsy in *acute* disease than these. Iodide of potassium is recommended, with a view to its arresting renal degeneration. Diuretics and diluent drinks are objected to, because they increase vascular tension; the author committing the common error of failing to distinguish between the action of diuretics which act by increasing blood-pressure, as digitalis, the salines, etc., and those which, if they be diuretics at all, engorge the venous side of the renal circulation,—cantharides, turpentine, etc. We do not think the former engorge the kidney, but, by increasing the blood-pressure in the Malpighian bodies, cause a more rapid *filtration* of the watery constituents of the urine, and thus literally flush the kidney. Saline purgatives are strongly opposed, because "a considerable portion of the salines are eliminated by the kidney" and thus more work is thrown upon the organ, which should be put at rest! This is true that they pass out in part with the urine, but by a process of filtration and osmosis, without congesting or increasing the work of the organ. Nothing is said about the supporting and hygienic treatment so important in chronic Bright's disease. Indeed, the treatment of the acute form, which is comparatively well under our control, is alone discussed; while that of chronic, in which we so much desire new information, is left untouched.

Among the typographical errors are the use of "*ciliæ*" for the plural of "*cilium*," p. 25; "*ilium*" for "*ileum*," p. 102; "*Tenner*" for "*Tanner*," p. 104; "*primipera*" and "*multi-pera*" for "*primipara*" and "*multipara*," p. 123.

The book, although bearing the imprint of Lindsay & Blakiston, of this city, is very much inferior in its mechanical execution to the works usually put forth by this house; and we suspect that it was printed abroad and imported in quantity. J. T.

HOSPITAL PLANS. Five Essays relating to the Construction, Organization, and Management of Hospitals, contributed by their authors for the use of the Johns Hopkins Hospital, of Baltimore. 8vo, pp. 353. New York: Wm. Wood & Co., 27 Great Jones Street, 1875.

For the purpose of carrying out more thoroughly the objects of the founder, a committee

* Stricker's Histology, vol. ii.

of the board of trustees of the Johns Hopkins Hospital, of Baltimore, were authorized by the board to confer with five distinguished physicians chosen from different parts of the country, who have made hospitals their special study, and obtain from them such advice as they may need, and to compensate them for it. As the result of such conference have appeared the five elaborate essays on hospital construction and organization, with plans, which make up this handsome volume,—the first by Dr. John S. Billings, U.S.A.; the second by Dr. Morton Folsom; the third by Dr. Joseph Jones, of New Orleans; the fourth by Dr. Caspar Morris, of Philadelphia; the fifth by Dr. Stephen Smith, of Baltimore. It is evidently impossible for us to give even an abstract of the plans suggested by each of these gentlemen, all admirably qualified for the task undertaken by them, and unjust to criticise or compare them without occupying much more space than it is in our power to give in the pages of this journal. We can therefore only refer our readers to the book itself, which should be in the hands of every hospital manager, as well as every hospital physician, on the face of the globe. The volume, with its clear large type, the beautiful execution of its plates, and excellent binding, is a model of book-making highly creditable to its publishers.

J. T.

EXPERIMENTAL INVESTIGATIONS OF THE ACTION OF MEDICINES. Part I. CIRCULATION. By T. LAUDER BRUNTON. London, J. & A. Churchill, 1875.

This brochure has for its object the setting forth of the methods of modern science in studying the action of drugs and poisons, especially upon the circulation. It is the first attempt to systematize and focus the light scattered through literature or existing unwritten in the minds of investigators, and is so well done as to leave nothing to be desired except that its author should complete his task by taking up elimination, nervous system, etc. No one desirous of adding to our knowledge of the action of medicines, or of even comprehending the modern methods of study, can afford to be without this most useful little book.

INHALATION IN THE TREATMENT OF DISEASE.

By J. SOLIS COHEN, M.D. Second Edition. Philadelphia, Lindsay & Blakiston, 1876.

As enlarged both in text and illustrations, the second edition of Dr. Cohen's well-known brochure rises to the dignity of a book of nearly four hundred pages, and constitutes by far the most complete work in the language upon the subject of which it treats. To any desirous of information concerning inhalations we commend it most highly as exhaustively complete.

A NEW alkaloid, *ergotinine*, is stated to have been found in ergot. See *Comptes-Rendus*, vol. lxxxi. p. 896.

GLEANINGS FROM EXCHANGES.

A VARIETY OF FUNCTIONAL DISORDER OF THE HEART CHARACTERIZED BY NOTABLE INFREQUENCY OF THE PULSE (*The American Practitioner*, January, 1876).—Professor Austin Flint details five cases of functional disorder of the heart in which there was great infrequency of the pulse,—the causes seeming to be syphilitic disease, spasm of the glottis, pneumonia, exposure to cold, malarial fever, and indigestion. The diagnosis of this variety of functional disorder involves—first, determining that the infrequency of the pulse is not a normal peculiarity, either congenital or acquired. In the second place, organic affections of the heart are to be excluded. Mitral lesions, obstructive or regurgitant, but especially the former, occasion an infrequency of the radial pulse. The radial pulse under these circumstances does not represent all the ventricular systoles. This is easily determined by comparing the pulse with the heart-sounds, the stethoscope being applied over the apex of the heart. To exclude fatty degeneration of the heart is not so easy, and infrequency of the pulse is sometimes a marked symptom of that affection. The age of the patient, the feebleness of the first sound of the heart over the apex, the habitual want of breath on exercise, the tendency to syncope, when associated with an infrequent pulse, will generally furnish diagnostic points sufficient to show the pathological connection of the latter.

An error of diagnosis which is likely to occur is the confounding of this with another functional disorder of the heart; namely, a disorder characterized by a regular alternation of a ventricular systole, giving rise to a radial pulse, with one so feeble as to be not appreciable at the wrist. A comparison, by means of a stethoscopic examination, of the heart-sounds with the radial and the carotid pulse, will enable us always to exclude not only this disorder, but also a veritable reduplication of the heart-sounds. Such a comparison will show that infrequency of the pulse represents a corresponding infrequency of the heart's action.

Infrequency of the pulse is a well-known symptom in cases of injury of the skull and in certain intracranial affections. Cerebral hemorrhage, embolism, and thrombosis are easily excluded by the absence of paralysis, but the exclusion of subacute or chronic meningitis is not so easy; infrequency of the pulse due to this cause is, however, accompanied by cerebral symptoms denoting compression of the brain, symptoms which are wanting in cases of infrequency of the pulse, characterizing a functional disorder of the heart. The absence of fever, increased sensibility to light and sounds, together with other symptoms embraced in the clinical history of meningitis, will render the exclusion of that affec-

tion positive. The pulse is abnormally infrequent in cases of jaundice and in some cases of uræmia; but these affections are easily excluded. The rationale of the disorder under consideration leads us to the central connections of the pneumogastrics as its seat; further than this in the pathology our present knowledge does not enable us to go. The prognosis is favorable, but it is important to obtain prompt relief and abridge the duration of the disorder. Of course, therapeutical indications must relate to associated symptoms and circumstances, which may be expected to vary in individual cases; but, as regards a direct remedial effect upon the heart, the problem is to prescribe a remedy which will lessen the abnormal inhibitory influence transmitted through the motor fibres of the pneumogastrics distributed to the heart. Theoretically considered, opium may be suggested as a remedy likely to prove useful.

DIARRHŒA IN CHILDREN (*Boston Medical and Surgical Journal*, February 10, 1876).—Prof. Demme attributes the diarrhœa of very young infants brought up exclusively at the breast to the condition of the mother's milk; in several cases he found this to be faintly acid and with an abnormally large amount of fat.

The remedy for such diarrhœas lies in furnishing a proper substitute for the mother's milk. All substances containing starch must be forbidden, also Liebig's and Nestle's food, inasmuch as at this early age the naturally imperfect powers of digestion are still further reduced by the intestinal troubles and the accompanying disturbance in the functions of the pancreas and parotid glands.

The author recommends as a food for such cases the white of one egg (or less) in from five to ten ounces of water, previously boiled, with the addition of condensed milk (three to five drachms) for the twenty-four hours. The quantity can be gradually increased up to the end of the fourth week, when two to three times the above amount may be given. The milk of other animals or cream should never be used, owing to their richness in fat. The use of metallic astringents in these cases is objected to.

MASSAGE IN AMENORRHŒA AND DYSMENORRHŒA (*Boston Medical and Surgical Journal*, February 10, 1876).—Dr. Douglas Graham reports four cases of serious and long-standing menstrual trouble in which the application of massage was productive of very beneficial results. In one case the menses made their appearance after seven applications, having been suspended for two years and a half; in another, they returned for the first time in eighteen months while the patient was in the recumbent posture, and lasted twice as long as they previously had. Massage was also found to relieve a variety of reflex symptoms, such as pain and tenderness in the sacro-iliac region and over the entire spinal column,

sleeplessness, attacks of numbness in the extremities, dyspepsia, meteorism, etc. Dr. Graham also mentions a case of amenorrhœa in which massage failed to re-establish the menses, but produced a soothing and comforting effect.

A PRESUMPTIVE CASE OF TRUE LATERAL HERMAPHRODISM (*The American Journal of Obstetrics*, February, 1876).—Dr. Paul F. Mundé reports the case of Catherine or Carl Hohmann, an individual who has been frequently examined and discussed. He concludes that the question of the true sex or sexes of this person cannot be answered conclusively in all its points at present.

If the occurrence of a regular periodical discharge of blood from the genital organs, preceded by the ordinary menstrual molimina, is evidence of the presence of an ovary, the undisputed contemporaneous emission of seminal fluid at once decides the question in favor of true hermaphroditism. Dr. Mundé subscribes to the opinion long ago expressed by Virchow,—viz., that this is the only case on record in which the characteristic features of real hermaphroditism have been traced to such a degree as to require only the careful anatomical macro- and microscopical confirmation of the presence of an ovary, which a careful and impartial consideration of the history and anatomy warrants us in assuming.

A CASE OF CHRONIC DYSENTERY RAPIDLY CURED BY TOPICAL TREATMENT (*New York Medical Journal*, January, 1876).—Dr. T. Gaillard Thomas reports a case of chronic dysentery of five years' standing, in which there had been from twenty to thirty daily stools, with great pain, emaciation, and debility. After a preliminary examination of the rectum, the mucous membrane of which was found to be swollen, œdematous, and ulcerated, Dr. Thomas wrapped a small piece of wet cotton around the end of a whalebone rod, and, dipping it in pure commercial nitric acid, lightly touched the swollen mucous membrane and all the ulcers intervening between the sigmoid flexure and the anus. No superfluous fluid was allowed to attach itself to the cotton, and the cauterization was nowhere so decidedly practised as to render the occurrence of sloughing possible.

Very little subsequent pain was complained of, and the general effect was rather soothing, the number of evacuations and the amount of blood passed being decidedly diminished.

Two other similar applications were made at intervals of a week, the milk diet being adhered to afterwards and the patient confined to bed. Blood ceased to appear with the stools, which in three days after the last application became limited to one in twenty-four hours; all pain ceased, and the patient improved rapidly in general appearance, in flesh, and in spirits. The result was an entire and permanent cure.

THE COTTON PESSARY (*The New York Medical Journal*, January, 1876).—Dr. R. A.

Page calls attention to a pessary devised by himself, and which, he says, can be worn without discomfort, is elastic, retains its proper position while yielding to the motions of the body, is not an obstruction to the passages of the bladder or rectum, and, being made of raw cotton, like the wads so much in favor at present, can, like them, be medicated to suit the requirements of various forms of uterine disease.

The form of the instrument is that of a tiny dumb-bell, *i.e.*, a shaft with a ball on each end. It is made in the following manner: For an instrument of the ordinary size required, take a piece of hard rubber rod, either hollow or solid, the thickness of a lead-pencil, and about one inch and a half long. This may be bent in any desired curve by running it through the flame of an alcohol-lamp and moulding with the fingers. The rod thus prepared is laid upon a piece of cotton batting, about ten inches long by eight wide; the long edge must be folded over about an inch and a half on each side. The rod is then placed at the short edge of the cotton and firmly rolled the whole length of the piece, after which it is wrapped in the centre tightly with strong sewing-silk for a space of about an inch and a half, leaving a soft, compact, and elastic ball at each end. Over the wrapping sew a piece of lint very smoothly, with the nap outside, and the pessary is complete.

If the edges of the cotton are properly folded over before the rod is rolled in it, they will not fray or ravel, and will protect the ends of the rod sufficiently; by laying small wads at each end of the rod before beginning to roll it up in the cotton, this may be made additionally secure. The best cotton-batting is that used by jewellers, which is very white, soft, and clean.

In introducing the instrument with the Sims speculum, the uterine extremity is placed in the desired position, the other end is pushed up under the arch of the pubes, and held there while the speculum is removed.

GANGRENE; TREATMENT WITH SALICYLIC ACID (*New York Medical Journal*, January, 1876).—Dr. N. G. McMaster has used this acid as an application to gangrenous surfaces, with marked benefit in keeping down the intolerable odor. One case, particularly, was satisfactorily treated in this way. Bromine had first been applied, then carbolic acid, then poultices of charcoal, but the odor was nevertheless sufficient to exclude the patients from the ward. The salicylic acid in powder was then either dusted on the surface or blown into the cavities, as necessity indicated. After the thorough use of this agent the offensive odor was completely controlled.

PLEURISY AFFECTING THE PULMONARY LYMPHATICS (*The Lancet*, January 22, 1876).

—At a recent meeting of the Pathological Society of London, Dr. Moxon showed a specimen of pleurisy invading the lymphatics of

the lung. It was from a man twenty-nine years of age, the captain of a ship, who was seen shortly before his fatal illness in good health. Three days later he was found in a sinking condition, half unconscious, with pulse 160, respiration 60, and hiccough, and died rapidly. At the post-mortem, ten hours after, the body was found already decomposing, the blood was of dark color and staining the tissues, and the peculiar odor found in blood-poisoning was present. The liver was slightly fatty, but the only morbid condition discovered was that there were three ounces of sanguineous pus in the right pleura. On further examination the network of lymphatics of the lung was found to be filled with pus, which oozed from them on section, this condition extending as far as the bronchial glands. The lymphatics of the pleura were unaffected. At the posterior surface of the right bronchus were two patches of coal-black color, and the bronchial glands behind this were much diseased. The case, Dr. M. said, was of interest as being similar to two which he had exhibited a year or two ago, in which intense pleurisy invaded the lymphatics of the lung, and in both these cases there was obstruction of the bronchial glands. It was also of interest as illustrating another possible cause of rapid death.

MISCELLANY.

WE have already announced the appointment of Dr. William Pepper as Medical Director in connection with the Centennial International Exposition at Philadelphia. The duties of this position, which is a purely complimentary one, are to organize and supervise the medical service on the Exposition Grounds, and to publish from time to time official circulars relative to the sanitary condition of Philadelphia.

In view of the large numbers of persons who will visit the Exposition, it has been deemed prudent to provide for any casualties or cases of sudden sickness that may occur, by the erection of a suitable building to serve as the headquarters of the Medical Bureau, and the appointment of a staff of medical officers, at least one of whom shall always be at their post during the hours of the Exposition. Every facility will be provided for the immediate care and treatment of cases of accident or sudden sickness. It is not, however, designed that any patients should be retained at the medical headquarters for permanent treatment; but they will be conveyed, so soon as proper, in comfortable ambulances, to their places of residence or to one of the neighboring hospitals. The following gentlemen have accepted appointments as medical officers: Jacob Roberts, M.D.; S. W. Gross, M.D.; H. C. Wood, M.D.; Roland G. Curtin, M.D.; Hamilton Osgood, M.D.; Theodore Herbert, M.D.

STRONG SOLUTION OF SALICYLIC ACID.—Various solvents for this substance have from time to time been proposed, such as phosphate of soda, phosphate of ammonia, and borax. But none of these yield a very strong solution. The demand for such a solution (aqueous) having arisen, we were compelled to search for another substance—neutral, and itself not irritating—which might take up a large quantity. We finally succeeded by the use of acetate of lime. Proceed as follows: Introduce 3.1 decigr. (3i) of salicylic acid into a half-pint bottle, add about 12.4 decigr. (3iv) of water, and shake well until the salicylic acid has been thoroughly incorporated with the water. Then add 3.1 decil. (fl3i) of glycerin, and finally enough water to make up the bulk to Oss. Immerse the bottle up to the neck in boiling water, and remove it from time to time to agitate the contents. In the course of about fifteen minutes, solution will have taken place, which remains permanent on cooling. In order to prevent water from being splattered into the bottle from the outside, we are in the habit of slipping a perforated rubber nipple over the neck, which allows the vapor from inside to escape, and the orifice of which is too small to allow access of any liquid from without.—*New Remedies.*

AN EXTRAORDINARY STORY.—A post-mortem examination last week made upon the body of a lunatic patient in the Prestwich Asylum led to the discovery of no fewer than 1841 articles in his inside,—viz., 1639 shoemaker's sparsables, six four-inch cut nails, nineteen three-inch cut nails, eight two-and-a-half-inch cut nails, eighteen two-inch cut nails, forty half-inch cut nails, seven three-eighth-inch cut nails, thirty-nine tacks, five brass nails, nine brass buttons, twenty pieces of buckles, one pin, fourteen bits of glass, ten small pebbles, three pieces of string, one piece of leather three inches long, one piece of lead four inches long, and one American pegging-awl; the total eleven pounds ten ounces.—*Press and Circular*, January 26, 1876.

HOPS.—Malt liquors and hops are now universally associated in most men's minds; but during the reign of King Henry VI., in 1425, a person was indicted for putting in beer "an unwholesome weed called an hopp." And a few years later Parliament was petitioned against "that wicked weed called hopp." Blith, in "The English Improver Improved" (published in 1653), says, "It is not many years since the famous city of London petitioned the Parliament of England against two nuisances, and these were New Castle coals, in regard to their stench, and hops, in regard they would spoil the taste of drink and endanger the people." When Blith wrote, hops must have been in general use; for in 1574, Reynolds Scott published a black-letter treatise, with wood-cuts, on the cultivation of hops, entitled, "A Perfect Plat Forme of a Hoppe-Garden," and an edict of

King James I. shows that even in 1603 hops had become a common article.

SENSIBLE HOGS.—In the coffee-plantations of Ceylon it has been customary to use the refuse left after the expression of cocoanut-oil as a fertilizer. Cocoanut-cake is a bonbon to the palate of the wild hog, and consequently the coffee-planter used frequently to find his fields rooted up and destroyed, to the great detriment of his profits and of his morality. Recently the refuse of the castor-oil manufacturer has been substituted, with great relief. Its fertilizing effect is very great, and the pig cares too much for his palate and intestinal tract to disturb the nauseous and poisonous compost.

An alumni association has been formed in the medical department of the University of Michigan. A meeting is to be held the evening before the next Commencement. It is urgently requested that all who learn of the organization will promptly forward to the Secretary their own address and that of any alumni they may know; also the names of any they may know to have died, with any interesting facts of their professional lives, and of the time and place and circumstances of their death.

THE celebrated Viennese surgeon, Prof. Von Pitha, died December 29, from the remote effects of a wound received whilst operating two years since. He was born in Bohemia in February, 1810, and was made professor in Prague in 1843, and in Vienna in 1857.

In Dublin large premiums are paid for hospital appointments. In the Jervis Street Hospital five hundred pounds sterling—three hundred to the former incumbent and two hundred to the hospital—is said to be the customary sum.

Dr. FAYRER, of India, has been made a Knight of the Star of India, and will henceforth be known as Sir Jos. Fayrer, K.S.I.

NOTES AND QUERIES.

UNIVERSITY OF PENNSYLVANIA.

The Annual Course of Lectures in the "Auxiliary Department of Medicine," for the year 1876, will commence on Monday, March 20, and continue until about the middle of June. The General Introductory will be given by Dr. John J. Reese, Professor of Medical Jurisprudence and Toxicology, on Monday, at 4 o'clock P.M., in the Hall of the Medical Department. His subject will be "The Legal Rights and Responsibilities of Physicians."

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM FEBRUARY 27, 1876, TO MARCH 11, 1876, INCLUSIVE.

KIMBALL, J. P., ASSISTANT-SURGEON.—Assigned to duty as Chief Medical Officer with the troops in the field under command of Lieutenant-Colonel George A. Custer, 7th U. S. Cavalry. S. O. 27, Department of Dakota, March 2, 1876.